

R.I. Department of Public Safety Municipal Police Academy In-service Training Application

CPR/AED CERTIFICATION/RECERTIFICATION ADULT-CHILD-INFANT

Wednesday April 21 Spring Session 3 of 4

Please Print Clearly			
Course Title:		Police Department/Agency: (name and full address)	
CPR/AED Certification &			
Recertification			
Course Dates/Location:	Contact Person (Supervisor):		Department/Business Phone:
Wednesday April 21, 2010			
RI Municipal Police Academy			
RSVP by Friday April 16, 2010			
(print clearly)			
PARTICIPANT(S) NAME & RANK			
(please include e-mail address)			
1 st Selection:			
E-Mail Address (Required):			
2 nd Selection:			
2 Selection.			
E-Mail Address (Required): Additional Selections (if available)			
Additional Selections (II available)			
Fax, or e-mail this completed form to:			
Rhode Island Municipal Police Academy Community College of Rhode Island			
Att: Mrs. Donna Lavallee, dlavallee@rimpa.dps.ri.gov			
1762 Louisquisset Pike			
Lincoln, RI 02865 Fax: (401) 722-3151			
Ouestions? Please call the RIMPA office at (401) 722-5808.			